

Employee Name:	Date:
Classification #:	Position #:
Division:	Effective Dates: (Must be effective beginning of pay period)
Alternate Work Week Schedule Requested (check one)	
<input type="checkbox"/> 9/8/80 Work Schedule: <ul style="list-style-type: none">○ Regular Day Off (RDO): (Monday-Friday) _____○ Date of first regularly scheduled day off: _____○ Work schedule for 8-hour day: (i.e., 8:00 a.m.- 5:00 p.m.) _____○ Work schedule for 9-hour days: (i.e., 7:00 a.m. – 5:00 p.m.) _____	
<input type="checkbox"/> 4/10/40 Work Schedule: <ul style="list-style-type: none">○ Regular Day Off (RDO): _____○ Work schedule for 10-hour days: (i.e., 7:00 a.m. – 6:00 p.m.) _____	
Other: (Specify schedule and work hours) _____ _____	
<p>If you are on a 9/8/80 Alternate Work Week Schedule, your work week for overtime purposes will start mid-day on your regular day off (RDO). This change is being made for the purposes of computing your 40-hour work week and any overtime compensation due you under the provisions of the Fair Labor Standards Act (FLSA).</p> <p>In signing this agreement, and in accordance with the provisions of the FLSA, you agree to permanently maintain your agreed upon alternate work week schedule. Periodic changes will not be permitted unless you are placed on jury duty, military leave, or non-industrial disability leave, at which time you must return to a Monday-Friday, 8 hour work week.</p> <p>This agreement may be cancelled at any time by either you or the Department. Failure to comply with the procedures as outlined in the DPAs Alternate Work Week Policy (Section 3255 of the DPA Administrative Manual), including maintaining a minimum of 40 hours of leave credits or other paid leave (other than sick leave), will cause for cancellation of your alternate work schedule and your return to a normal Monday – Friday, 5/8/40 work week.</p>	
I have read and understand the above terms and conditions of the alternate work week schedule and understand that this agreement is made in accordance with the provisions of the FLSA. I also acknowledge receipt of DPA's policy on Alternate Work Week Schedules and understand a copy of this agreement will be placed in my official personnel file for audit purposes. I further understand that any excess hours accrued as a result of this schedule will be compensated as straight time when paid by lump sum, and any deficit hours will be charged to vacation, holiday credit, excess hours, personal leave, annual leave, CTO or approved dock.	
Employee Signature:	Supervisor Signature:
Division Chief Signature:	Personnel Officer Signature:

Note: All approval signatures must be obtained prior to starting an alternate work schedule.